MODELING UPDATE

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UVA COVID-19 Model-Background

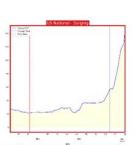
- Model is developed by the UVA Biocomplexity Institute
- Model continues to evolve
 - Parameterized at the locality level
 - Includes immunity (natural and vaccine) and waning immunity estimates
 - Projects vaccine & booster uptake
- Models thrive on more & better data, and the model improves every week.
- Variants, vaccinations, behavioral and policy responses drive changes in current trends

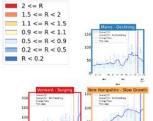


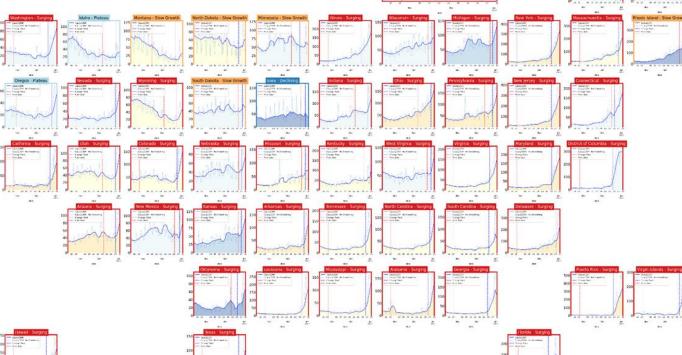


National Trajectories

Status	# States
Declining	3
Plateau	3
Slow Growth	6
In Surge	42





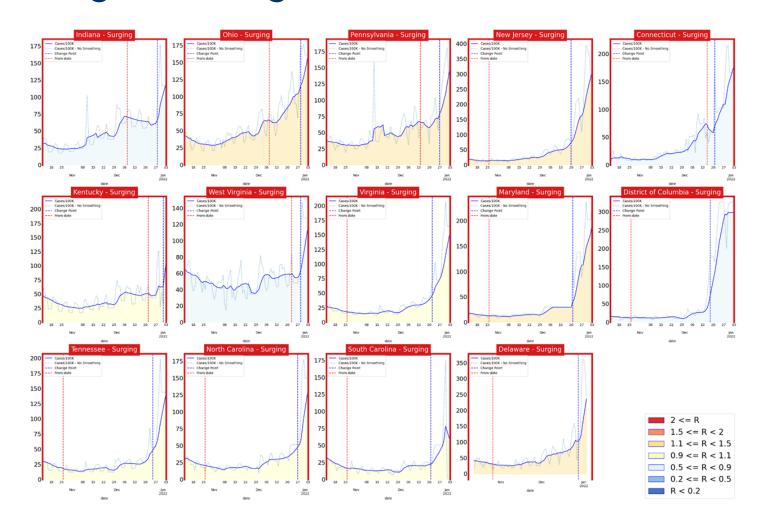




BIOCOMPLEXITY INSTITUTE



Virginia & Neighbors





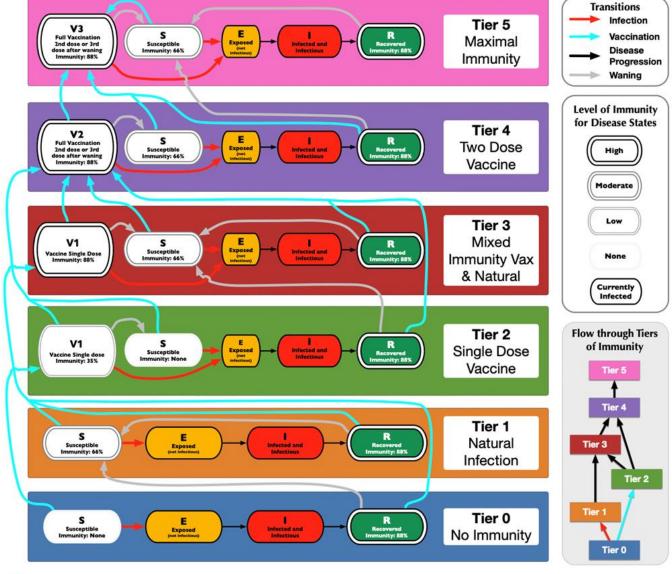


Health Districts in Surge





Immunity & Waning







Scenarios

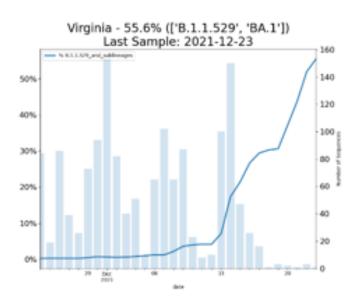
Name	Txm Controls	Description
Adaptive-Delta	Cur	Likely trajectory based on conditions remaining similar to the current experience
Adaptive- Omicron	Cur	Assumes rapid dominance of immune evading variant. Conservatively uses no transmission advantage to Delta but 30% of previously immune individuals are susceptible to infection from Omicron
Adaptive- Omicron- SurgeControl	- 25%	Transmission rates in the next month reduced through increased control from non-pharmaceutical interventions, with status quo vax and Delta
Adaptive- Omicron- FallWinter	FallWi nter	Transmission rates coarsely follow the rates from last September through this February but are boosted by Delta's enhanced transmissibility

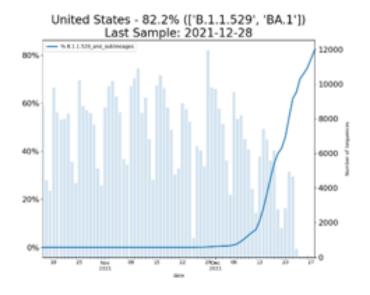




Variants

Omicron o - Lineage B.1.1.529









Omicron Scenario

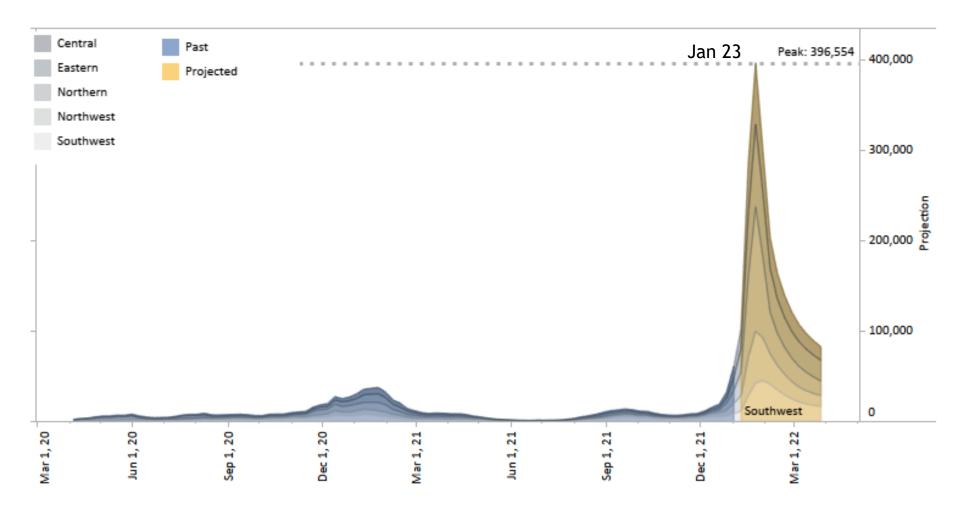
Omicron shown ability to evade immunity and may be more transmissible

- Transmissibility: New evidence suggests that Omicron has similar transmissibility to Delta
- Immune Evasion: Strong evidence demonstrates that Omicron can cause infection in those with some immunity (natural and vaccine induced). Consensus estimate of 80% immune evasion allows Omicron to infect 80% of individuals that would have otherwise been protected against Delta
- **Prevalence:** Proportion of cases caused by Omicron variant estimated from growth rates observed in other countries with similar levels of immunity (growth of 32%, doubling in ~3 days)
- Severity: Several reports suggest Omicron may not cause as severe disease as Delta, we use a 50% reduction in severity for hospitalizations and deaths
- Studies: South Africa, UK, Canada



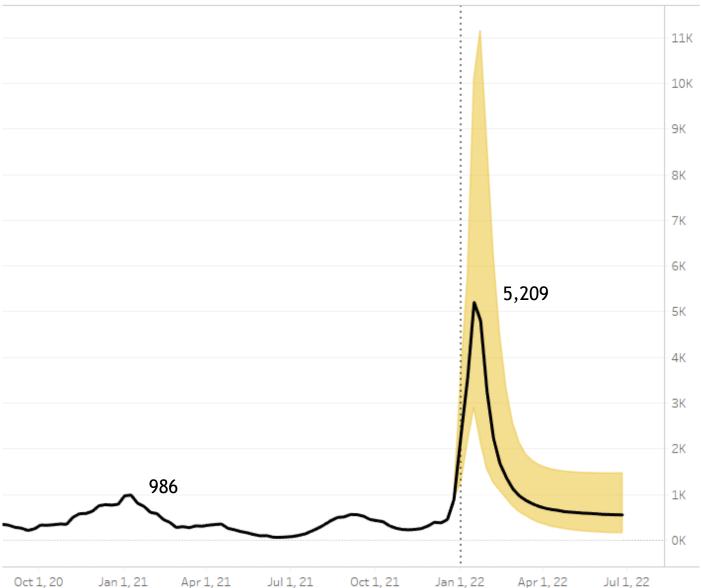


Weekly Case Projections: Omicron

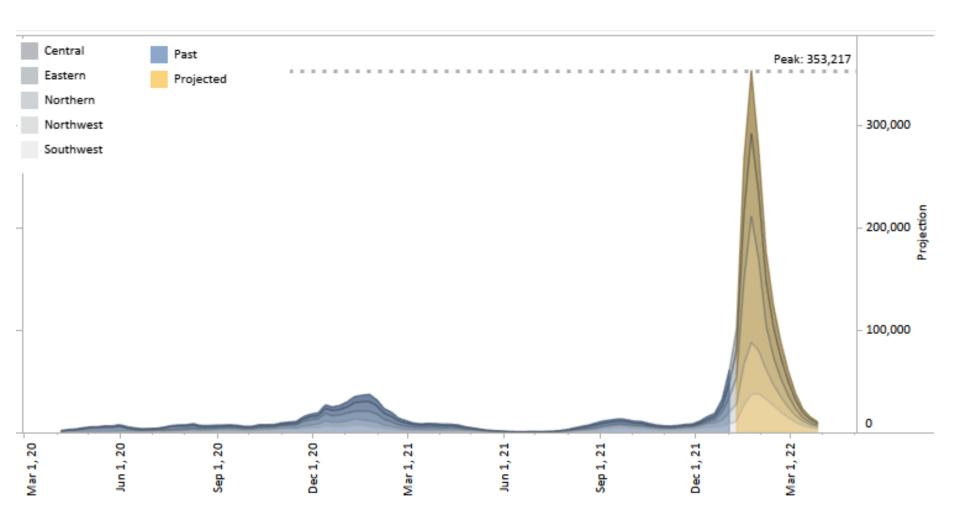




Weekly Hospitalization Projections: Omicron

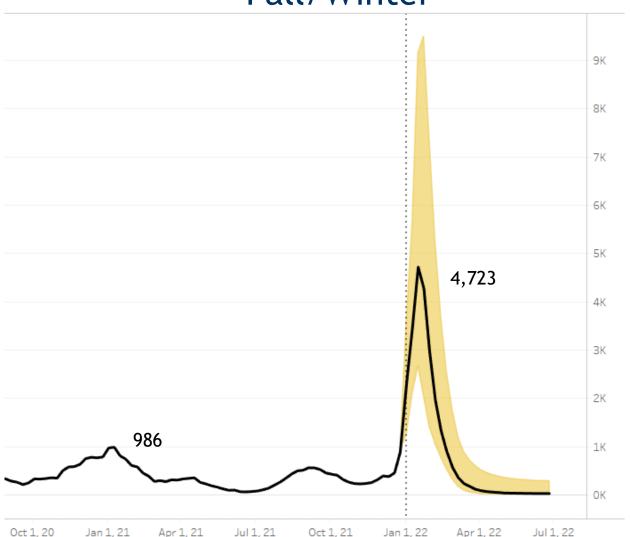


Weekly Case Projections: Omicron - Fall/Winter





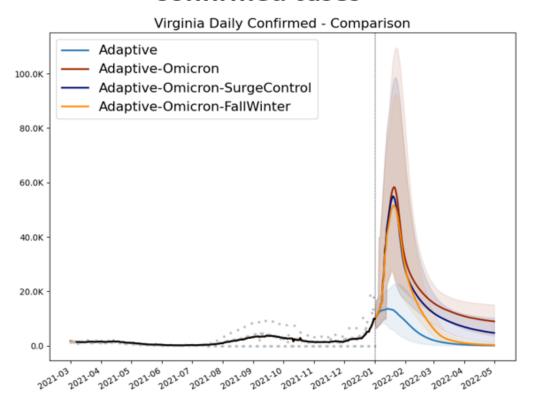
Weekly Hospitalization Projections: Omicron - Fall/Winter



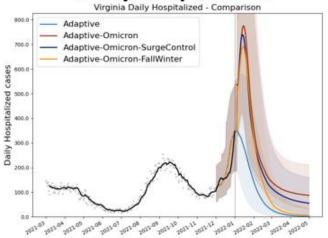


Projections

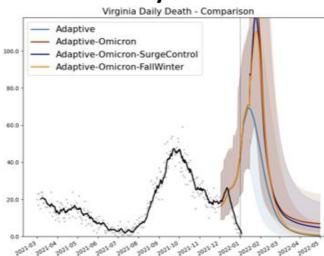
Confirmed cases



Daily Hospitalized



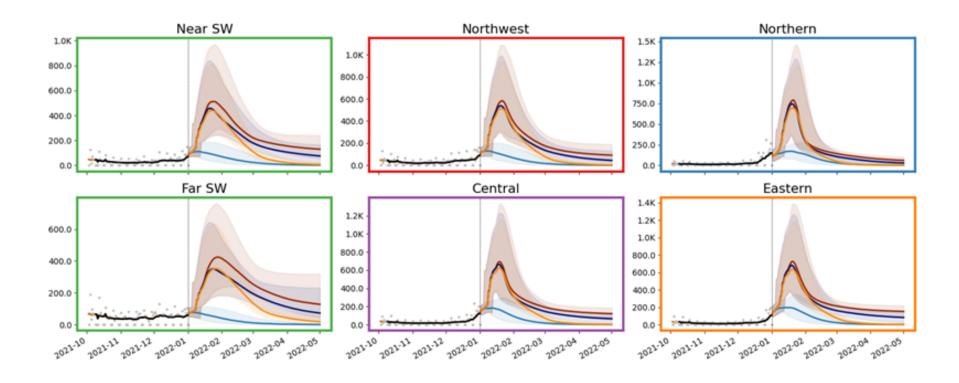
Daily Deaths







Regional Projections



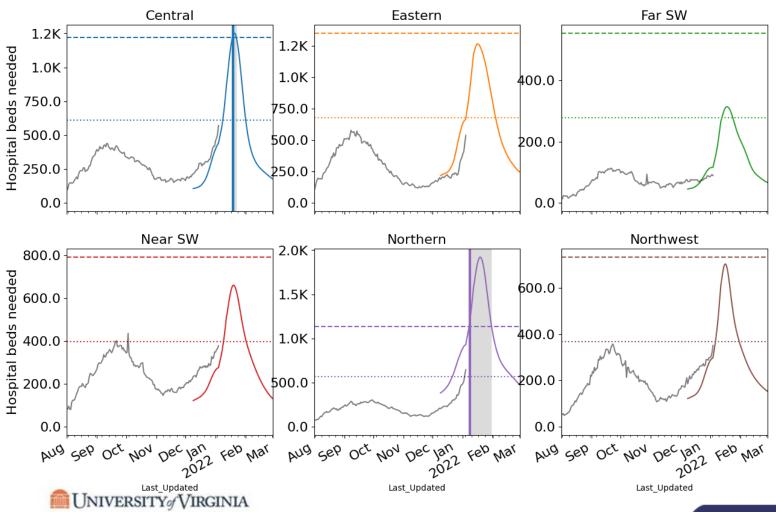




Hospital Demand and Capacity by Region

Capacities by Region - Omicron

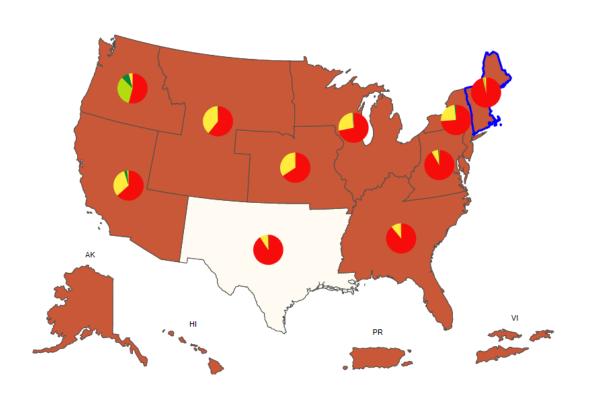
COVID-19 capacity ranges from 80% (dots) to 120% (dash) of total beds

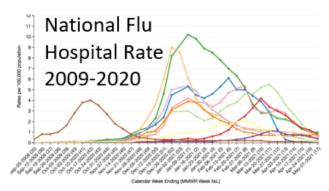


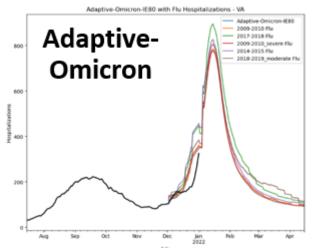
^{*} Assumes average length of stay of 8 days



Influenza











Metaculus Projections

Key Forecasts

Additional booster authorized by FDA for adults: 70%

Peak summer cases exceed winter in next 5 years: 40%

Another WHO PHEIC declaration before 2H 2025: 75%

• Widespread flu in Va: 9.4 weeks





Where to find modeling results

VDH COVID-19 Data Insights

https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/

- Model Explorer
- UVA Biocomplexity Institute Slides
- Surveillance Slides
- Weekly Update

The Surveillance and Modeling Units provide an update every other Thursday at noon.

Please contact Justin Crow justin.crow@vdh.virginia.gov to be added to that invite.



